

(FOR EMPLOYERS WHO OFFER PRESCRIPTION DRUGS THROUGH THE SHBP BASED ON THE MEDICAL PLAN THE SUBSCRIBER IS ENROLLED.)

DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS
 NEW JERSEY SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM
 CHAPTER 172 PART-TIME LOCAL EDUCATION MONTHLY ACTIVE GROUP
 MONTHLY RATES EFFECTIVE 1/1/2014 to 12/31/2014

PLAN/COVERAGE DESCRIPTION	MONTHLY RATE
AETNA FREEDOM10 #018(1)	
Single	\$924.25
Member & Spouse/Partner	\$1,848.49
Family	\$2,449.27
Parent & Child	\$1,525.01
NJ DIRECT10 - #050(1)	
Single	\$870.81
Member & Spouse/Partner	\$1,741.65
Family	\$2,307.66
Parent & Child	\$1,436.85
AETNA FREEDOM15 #180(1)	
Single	\$889.08
Member & Spouse/Partner	\$1,778.16
Family	\$2,356.07
Parent & Child	\$1,466.99
NJ DIRECT15 #150(1)	
Single	\$828.99
Member & Spouse/Partner	\$1,658.00
Family	\$2,196.83
Parent & Child	\$1,367.83
AETNA HMO #019(1)	
Single	\$864.53
Member & Spouse/Partner	\$1,729.05
Family	\$2,291.01
Parent & Child	\$1,426.48
HORIZON HMO #011(1)(4)	
Single	\$857.81
Member & Spouse/Partner	\$1,715.60
Family	\$2,273.20
Parent & Child	\$1,415.39
AETNA FREEDOM1525 #063(2)	
Single	\$806.61
Member & Spouse/Partner	\$1,613.22
Family	\$2,137.54
Parent & Child	\$1,330.92
NJ DIRECT1525 #051(2)	
Single	\$799.92
Member & Spouse/Partner	\$1,599.82
Family	\$2,119.79
Parent & Child	\$1,319.87
AETNA HMO1525 #061(2)	
Single	\$802.18
Member & Spouse/Partner	\$1,604.38
Family	\$2,125.79
Parent & Child	\$1,323.60
HORIZON HMO1525 #053(2)(4)	
Single	\$795.98
Member & Spouse/Partner	\$1,591.96
Family	\$2,109.34
Parent & Child	\$1,313.36

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AETNA FREEDOM2030 #064(3)	
Single	\$765.89
Member & Spouse/Partner	\$1,531.79
Family	\$2,029.63
Parent & Child	\$1,263.73
NJ DIRECT2030 #052(3)	
Single	\$759.60
Member & Spouse/Partner	\$1,519.19
Family	\$2,012.95
Parent & Child	\$1,253.35
AETNA HMO2030 #062(3)	
Single	\$768.36
Member & Spouse/Partner	\$1,536.66
Family	\$2,036.15
Parent & Child	\$1,267.79
HORIZON HMO2030 #054(3)(4)	
Single	\$762.52
Member & Spouse/Partner	\$1,524.98
Family	\$2,020.67
Parent & Child	\$1,258.15
AETNA FREEDOM2035 #066(5)	
Single	\$663.87
Member & Spouse/Partner	\$1,327.75
Family	\$1,759.27
Parent & Child	\$1,095.40
NJ DIRECT2035 #056(5)	
Single	\$658.47
Member & Spouse/Partner	\$1,316.93
Family	\$1,744.94
Parent & Child	\$1,086.47
AETNA HMO2035 #065(5)	
Single	\$668.17
Member & Spouse/Partner	\$1,336.33
Family	\$1,770.64
Parent & Child	\$1,102.48
HORIZON HMO2035 #055(5)	
Single	\$663.14
Member & Spouse/Partner	\$1,326.29
Family	\$1,757.33
Parent & Child	\$1,094.19

1) Subscribers in # 150 and #180 are subject to \$15 Primary Care and \$15 Specialist office visit copayment and are eligible for Prescription Drug Plan #201. Subscribers in #050, #018, #019 and #011 are subject to a \$10 primary care and \$10 specialist office visit copayment and are eligible for Prescription Drug Plan #201

2) Subscribers in #051, #061, #053 and #063 are subject to \$15 Primary Care and \$25 Specialist office visit copayment and are eligible for Prescription Drug Plan #205

3) Subscribers in # 052, #062, #054 and #064 are subject to \$20 Primary Care and \$30 adult/\$20 child Specialist office visit copayment and are eligible for Prescription Drug Plan #206

4) For Horizon HMO Plans #011, #053 and #054 service area is limited to New Jersey, Delaware, and parts of Pennsylvania and New York;

5) Subscribers in #066, #056, #055, and #065 are subject to \$20 Primary Care and \$35 specialist office visit copayment